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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Friends of Val Arkoosh			]	
ADDRESS (number and street) P.O. Box 1011				
CITY, STATE, and ZIP CODE			-	
Glenside	PA 1903	38		
2. NAME OF CANDIDATE 3. OFFICE		ate and District)	4. FEC IDENTIFICATIO	N NUMBER
Val Arkoosh House PA 13		PA 13	C00542571	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Michael McGuire	Lovelace Scientific Resources, Inc.		day, year)	
			05/08/2014	1000.00
8815 Mendocino Ct NE	T ID .VIII.			
	Transaction ID : VN8HHCQ0A13 Occupation		_	
Albuquerque NM 87122-2663 Physician				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Amy Ross	Palm Harbor Dermatology		day, year)	
•		3,	05/08/2014	1000.00
1155 Skye Ln				
	Transaction ID : VN8HHCQ1083 Occupation		_	
Palm Harbor FL 34683-1460	Physician			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer			Date (month, day, year)	Amount
	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
	Occupation		day, year)	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
SIGNATURE (optional)  Margaret Sager	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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